Passed	House,	Date _		Passed	Senate,	Date		
Vote:	Ayes _]	Nays	Vote:	Ayes	Nays		
Approved							-	

A BILL FOR

- 1 An Act relating to admissibility into evidence of medical records
- 2 and bills in civil cases. 3 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:
- 4 TLSB 2633HC 83
- 5 rh/rj/14

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- 1 1 Section 1. NEW SECTION. 622.4 ADMISSIBILITY OF MEDICAL 1 2 RECORDS AND BILLS.
- 1 3 1. In a civil action in which a plaintiff claims that
 1 4 health care treatment was necessitated or will be necessitated
 1 5 by the events giving rise to the claim or in which the
 1 6 plaintiff is seeking medical, hospital, or disability
 1 7 benefits, any party may offer the records and billing
 1 8 statements of a care provider who provided such treatment, or
 1 9 portions thereof, into evidence. Such records may include
 1 10 letters or reports by the care provider, including those made
 1 11 in connection with the action, that include opinions by the
 1 12 care provider regarding the plaintiff's diagnosis, prognosis,
- 1 13 impairment, causation, or future treatment needs and costs.
 1 14 2. A party intending to offer records or billing
 1 15 statements of a care provider into evidence pursuant to this
 1 16 section shall notify all parties of the party's intent to do
 1 17 so on or before the party's deadline to designate expert
 1 18 witnesses pursuant to court order or rule. The notice shall
 1 19 identify the records and billing statements, or portions
 1 20 thereof, that the party intends to offer. Not less than
 1 21 thirty days before trial, a party shall provide all other
 1 22 parties with copies of the records and billing statements, or
 1 23 portions thereof, that the party intends to offer in the
 1 24 exhibit form in which they will be offered. A party may
 1 25 include a cover page identifying the care provider, setting
 1 26 forth the dates of service, and summarizing the charges and
 1 27 payments therefor.
- 1 28 3. a. A record or billing statement offered pursuant to 1 29 this section is admissible without supporting evidence or 1 30 testimony to identify or authenticate the record or billing 1 31 statement and to establish that the record or billing 1 32 statement is a record of a regularly conducted business 1 33 activity.
 - 34 b. A record offered pursuant to this section is competent 35 evidence to identify or authenticate a record of all of the 1 following:
 - 2 (1) The existence and treatment of the plaintiff's 3 medical, dental, or other health condition and that the 4 treatment described in the record was reasonable and necessary 5 to treat the conditions stated.
 - 5 to treat the conditions stated.
 6 (2) The opinions of the care provider as they relate to
 7 the diagnosis, prognosis, causation, and future treatment
 8 needs and costs of the plaintiff without additional supporting
 9 testimony.
- 2 10 c. A billing statement offered pursuant to this section is 2 11 competent evidence of the amount and reasonableness of the 2 12 charges for the treatment or materials provided.
- 2 13 4. This section shall not prohibit a party, including a 2 14 party offering records or billing statements under this 2 15 section, from objecting to the admissibility of records or 2 16 billing statements or portions thereof, or from redacting 2 17 information in such records or billing statements, on any 2 18 other grounds. If the party offering records or billing

2 19 statements under this section has made any redactions thereto, 2 20 the party shall notify all parties about the redactions at the 2 21 time that the records or billing statements are provided in 22 exhibit form. A party who objects to the form of a record or 2 23 billing statement or to some or all of its content, or to 24 redactions made thereto by the offering party, shall raise the 25 objection with the court within ten days of service upon that 26 party of the record or billing statement in exhibit form. If 27 a party contests the authenticity or identification of a 28 record or billing statement offered pursuant to this section, 29 or claims that the offered record or billing statement was not 2 30 made in the regular course of the business of the care 2 31 provider, the burden shall be on the objecting party to prove 32 such to the court. 2 33

This section shall not be construed to do any of the 34 following:

a. Prohibit any party, including an offering party, from examining a care provider by deposition or at trial at that 2 party's expense or from presenting supporting or contrary 3 expert testimony.

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4 b. Impose a duty upon a care provider to provide the care 5 provider's opinions in letter or report form, except as 6 otherwise required by law.

c. Alter the rights and limitations of a party or that party's legal counsel to communicate with a care provider pursuant to section 622.10.

d. Prohibit or alter the admissibility of records or 11 billing statements that are otherwise admissible under the 3 12 rules of evidence.

e. Change the timing of disclosure of expert opinions

3 14 pursuant to court order or rule.
3 15 6. As used in this section, "care provider" means any 3 16 physician or surgeon, physician assistant, advanced registered 3 17 nurse practitioner, mental health professional, dentist, 3 18 chiropractor, or other person who furnishes health care in the

3 19 regular course of business.
3 20 7. This section does not apply to records or billing 3 21 statements of a care provider retained by the plaintiff in 3 22 anticipation of litigation or for trial unless those care 3 23 providers have personally examined the plaintiff.

EXPLANATION

This bill relates to the admissibility of medical records 3 26 and billing statements in civil cases.

The bill provides that in a civil action in which a 28 plaintiff claims that health care treatment was necessitated 3 29 or will be necessitated by the events giving rise to the claim 30 or in which the plaintiff is seeking medical, hospital, or 31 disability benefits, any party may offer the records and 32 billing statements of a care provider who provided such 3 33 treatment, or portions thereof, into evidence. Such records 34 may include letters or reports by the care provider that 35 include opinions by the care provider regarding the 1 plaintiff's diagnosis, prognosis, impairment, causation, or 2 future treatment needs and costs. The bill defines "care 3 provider" as any physician or surgeon, physician assistant, 4 advanced registered nurse practitioner, mental health 5 professional, dentist, chiropractor, or other person who 6 furnishes health care in the regular course of business.

The bill provides that a party intending to offer records 8 or billing statements of a care provider into evidence shall 9 notify all parties of the party's intent to do so on or before 4 10 the party's deadline to designate expert witnesses pursuant to 4 11 court order or rule. The notice shall identify the records 4 12 and billing statements, or portions thereof, that the party 4 13 intends to offer. Not less than 30 days before trial, the 4 14 party shall provide all parties with copies of the records and 4 15 billing statements, or portions thereof, that the party 4 16 intends to offer in the exhibit form in which they will be 4 17 offered. A party may include a cover page identifying the 4 18 care provider, setting forth the dates of service, and 4 19 summarizing the charges and payments.

20 The bill provides that a record or billing statement is 4 21 admissible without supporting evidence or testimony to 22 identify or authenticate the record or billing statement and 23 to establish that the record or billing statement is a record 24 of a regularly conducted business activity. A record that is 4 25 offered is competent evidence to identify or authenticate a 26 record of all of the existence and treatment of the 27 plaintiff's medical, dental, or other health condition and 4 28 that the treatment was reasonable and necessary to treat the 4 29 conditions stated and the opinions of the care provider as

 $4\ 30$ they relate to the diagnosis, prognosis, causation, and future $4\ 31$ treatment needs and costs of the plaintiff without additional 4 32 supporting testimony. A billing statement that is offered is 33 competent evidence of the amount and reasonableness of the 34 charges for the treatment or materials provided.

35 The bill does not prohibit a party from objecting to the 1 admissibility of records or statements or portions thereof, or 2 from redacting information in such records or statements, on 3 any other grounds. If the party offering records or billing 4 statements has made any redactions, the party shall notify all 5 parties about the redactions at the time that the records or 6 billing statements are provided in exhibit form. A party who 7 objects to the form of a record or billing statement or to 8 some or all of its content, or to redactions made by the 9 offering party, shall raise the objection with the court 10 within 10 days of service upon that party of the record or 5 11 billing statement in exhibit form. If a party contests the 5 12 authenticity or identification of a record or billing 5 13 statement offered pursuant to this section, or claims that the 5 14 offered record or billing statement was not made in the 15 regular course of the business of the care provider, the 5 16 burden shall be on the objecting party to prove such to the 5 17 court.

The bill does not prohibit any party from examining a care 19 provider by deposition or at trial at that party's expense or 5 20 from presenting supporting or contrary expert testimony, does 21 not impose a duty upon a care provider to provide the care 22 provider's opinions in letter or report form, does not alter 5 23 the rights and limitations of a party or that party's legal 24 counsel to communicate with a care provider pursuant to Code 25 section 622.10, does not prohibit or alter the admissibility 26 of records or billing statements otherwise admissible, and 27 does not change the timing of disclosure of expert opinions

28 pursuant to court order or rule.
29 The bill does not apply to records or billing statements of 29 30 a care provider retained by the plaintiff in anticipation of 31 litigation or for trial unless those care providers have 5 32 personally examined the plaintiff. 5 33 LSB 2633HC 83

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